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CONFIRMATION NO. 8414

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| SERIAL NUMBER 10/721,325 | FILING OR 371(c) DATE 11/26/2003 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. 22385.00 |
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APPLICANTS

Tasheem Watkins, Clementon, NJ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED. ** SMALL ENTITY **
** 02/26/2004

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|---------------------------------|---|------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY NJ | SHEETS DRAWING 4 | TOTAL CLAIMS 3 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | | |

ADDRESS

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TITLE

INSULIN SYRINGE WITH MAGNIFIED SHEATH

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|----------------------------|---|---|
| FILING FEE RECEIVED 685 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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